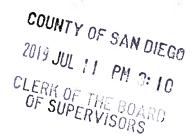


COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM PERIOD JULY 1, 2018 - JUNE 30, 2019

Deadline: July 12, 2019



1	DEDA	DTMENT	INFORMATION:
	IJK.PA	K I IVI II. N	INFURNIATIONS

Department:

Medical Examiner

Division/Unit:

Administration/Investigation/Exam Room/Toxicology

VOLUNTEER PROGRAM BENEFITS: 2.

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc).

No. of Vol.

10 Hours

1495

X

\$25.43 =

\$38,017.85

Types of work performed by GENERAL VOLUNTEERS in this category:

Administration: Filing and special projects.

Investigations: Assisting with John/Jane Doe cases, filing and special projects.

Exam Room: Stocking supplies and special projects.

Toxicology: Filing, cleaning glassware and special projects.

b. INSTITUTIONAL VOLUNTEERS (this section should include honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol. Hours X \$25.43 = \$0.00

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level

Position		95.0	<u>Hours</u>	X	<u>VCL</u> =	Dollar Benefit
Chaplain Epidemiologist			1388	•	\$21.13	\$29,328.44 \$9,125.25
			264.5		\$34.50	
Fingerprint Spec	ialist		1054		\$19.53	\$20,584.62
						\$0.00
		_	·····			\$0.00
No. of Vol.	3	Total Hours	2,707		Total Value =	\$59,038.31

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

Chaplains: provide peer support internally and at death scenes. Family consent facilitated for research.

Epidemiologist: provides SIDS support and compiles statistical data.

Fingerprint Specialist provides support for the John/Jane Program.

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

No. of Volum	teers .	<u>Hours</u>	Dollar Benefit	
2a	10	1495	\$38,017.85	
2b.	0	0	\$0.00	
2c.	3	2,707	\$59,038.31	
Total Vol.	13 Hours	4,202 Total Value =	\$97,056.16	

3. DONATIONS TO VOLUNTEER PROGRAM:

4.

Please list all donations to the de tangible/intangible items. Items:	_	-	_	_	•
assign a fair market value to each				•	•
Item Donated:				Value:	
Item Donated:				Value:	
Item Donated:				Value:	
Item Donated:				Value:	
Item Donated:				Value:	
		TOTAL VAL	UE =		\$0.00
volunteer program Co a. Cost of supervision of volunteer	eers (tota			on multiplied	by the hourly
rate of staff person (s) directly su	<u>upervisin</u>	ig program volui	nteers.)		
Hours 72	X Rate	\$63.30	= [\$4,557.60
b. Cost of program coordination of coordinator(s)). This section s description preparation, voluntee	hould in	clude coordinati	on of staf	•	•
Hours 36	X Rate	\$40.19	=		\$1,446.84
c. Other program costs (volunted	er trainir	ng materials/supp	plies, reco	gnition costs,	etc.):
<u>Item</u>					Cost

TOTAL OF OTHER PROGR	AM CO	STS	=		\$0.00
d. TOTAL OF VOLUNTEER P (add 4a, 4b, and 4c)	ROGRA	M COST	=		\$6,004.44

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$97,056.16
b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$0.00
c. Subtract Total of Program Costs, Item 4d (Page 3) \$6,004.44

TOTAL PROGRAM BENEFIT

\$91,051.72

6. RECRUITING:

Please describe your recruiting programs:

COSD Website; Medical Examiner website and contact with local colleges. All volunteers recruited are from specialized fields that benefit our department.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8.	VOLUNTEER	PROGRAM	GOALS	FOR FISCAL	YEAR 2019-20:
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Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continue to build a volunteer workforce to supplement our staffing level and provide customer service to our next of kin.

9. GENERAL INFORMATION:

Name of person completing report:

Phone: (858) 694-3072

Mail Stop: O10

Volunteer Coordinator:

Phone: (858) 694-2894

Mail Stop: O10

E-Mail: Guadalupe Giraldo@sdo

10. DEPARTMENT CERTIFICATION:

DEPARTMENT HEAD SIGNATURE DATE